

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-026560**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 60

**FILED JUL 16 1962**

## 1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springcreek Twp.

Length of stay in 1b

Touring

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

"P" Road 5 mi. SE of

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

c. CITY OR TOWN

Salem

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rural Route 2

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First BOBBY

Middle

LEE

Last

JENKINS

## 4. DATE OF DEATH

Month

July

Day

9

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Widowed ☐ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

6/4/35

## 9. AGE (last birthday)

27

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Common Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Factory

## 11. BIRTHPLACE (City and state or country)

Salem, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Claude Jenkins

## 13b. MOTHER'S MAIDEN NAME

Leona Counts

## 14. NAME OF HUSBAND OR WIFE

Margaret

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

Margaret Jenkins

## Address

Rte 2 Salem, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Fracture 3rd & 4th Cervical Vertebrae

## INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Fracture Right Clavicle & Scapula

#### DUE TO (c)

Severe lacerations left temple

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Victim passenger in car leaving road at

## 20c. TIME OF INJURY

11:40 p.m.

## Hour Month, Day, Year

7/9/1962

High speed, turning over and throwing victim from car inflicting above fatal injuries.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

County Road

## 20f. CITY, TOWN, OR LOCATION

Road "P" at Metham

## COUNTY

Dent

## STATE

Missouri

## 21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_.

Death occurred at \_\_\_\_\_

11:40 p.

\_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Hayden B. Powell, M.D.

## (Degree or title)

Coroner

## 22b. ADDRESS

3<sup>rd</sup> St. Salem, Mo.

## 22c. DATE SIGNED

7-11-62

## 25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 25b. DATE

July 13, 1962

## 25c. NAME OF CEMETERY OR CREMATORY

Stone Hill Cemetery

## 25d. LOCATION (City, town, or county)

Dent County Missouri

## (State)

## 24. FUNERAL DIRECTOR

Max. L. Wurfel

## ADDRESS

Salem, Mo.

## 25. DATE RECD. BY LOCAL REG.

7/12/62

## 26. REGISTRAR'S SIGNATURE

M.M. Hart, M.D. Lyone

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 0330

2 0330

3 2

4 0

5 1

6

7 0

8 2

9 X

10

11 033

12 91-3

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.